

## PART B—ISSUE FEE TRANSMITTAL

1250-142  
30-561 B

**MAILING INSTRUCTIONS.** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 3, unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
MICHAEL W. GLYNN 7 SKYLINE DRIVE HAWTHORNE, NY 10732 12M1/1208	INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	CO-INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	<input type="checkbox"/> Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/234,889	04/28/94	023	GRUMBLING, M 1202	12/08/95
First Named Applicant	ZIMMERMANN, JURG			

TITLE OF INVENTION PYRIMIDINE DERIVATIVES AND PROCESSES FOR THE PREPARATION THEREOF

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 419046A19689	514-252.000	R72	UTILITY	NO	\$1250.00	03/08/96

## 3. Correspondence address change (Complete only if there is a change)

Ciba-Geigy Corporation  
Patent Department  
520 White Plains Road  
P.O. Box 2005

Tarrytown, N.Y. 10591-9005

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4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Karen G. Kaiser

2

3

RP80391 03/04/96 08234889 07-0590 080 142 1,250.00CH  
RP80392 03/04/96 08234889 07-0590 080 561 30.00CH

## 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

CIBA-GEIGY Corporation

(2) ADDRESS: (CITY & STATE OR COUNTRY)

Tarrytown, New York

## 6a. The following fees are enclosed:

☐ Issue Fee ☐ Advance Order - # of Copies

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(ENCLOSE PART C)

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Marla J. Mathias 32,663 Reg. No.

(Date)

2/20/96

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TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

## Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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on February 20, 1996  
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Maureen Pollock

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(Signature)

February 20, 1996

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